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Respondent.

AGREEMENT FOR SURRENDER OF LICENSE

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1 4. Respondent acknowledges there is current disciplinary action against his license,
2 that on July 16, 2003, an Accusation was filed against him and on June 20, 2005, a Decision was
3 rendered wherein his license was revoked, with the revocation stayed, 8 years probation with
4 standard terms and conditions.

5 5. The current disciplinary action provides in pertinent part, "Following the
6 effective date of this decision, if respondent ceases practicing due to retirement, health reasons,
7 or is otherwise unable to satisfy the terms and conditions of probation, respondent may
8 voluntarily tender his certificate to the Board." (Order #S)

9 6. Upon acceptance of the Agreement by the Division, Respondent understands he
10 will no longer be permitted to practice as a physician and surgeon in California, and also agrees
11 to surrender his wallet certificate and wall license and D.E.A. Certificate(s).

12 7. Respondent hereby represents that he does not intend to seek relicensure
13 or reinstatement as a physician and surgeon. Respondent fully understands and agrees, however,
14 that if Respondent ever files an application for relicensure or reinstatement in the State of
15 California, the Division shall treat it as a Petition for Reinstatement of a revoked license in effect
16 at the time the Petition is filed. In addition, any Medical Board Investigation Report(s), including
17 all referenced documents and other exhibits, upon which the Division is predicated, and any such
18 Investigation Report(s), attachments, and other exhibits, that may be generated subsequent to the
19 filing of this Agreement for Surrender of License, shall be admissible as direct evidence, and any
20 time-based defenses, such as laches or any applicable statute of limitations, shall be waived when
21 the Division determines whether to grant or deny the Petition.

22 ACCEPTANCE

23 I, John Howard Jensen, M.D., have carefully read the above Agreement and enter into it
24 freely and voluntarily, with the optional advise of counsel, and with full knowledge of its force
25 and effect, do hereby surrender Physician's and Surgeon's Certificate No. G-25871, to the
26 Division of Medical Quality, Medical Board of California for its acceptance. By signing this
27 Agreement for Surrender of License, I recognize that upon its formal acceptance by the Division,

1 I will lose all rights and privileges to practice as a Physician and Surgeon in the State of
2 California and that I have delivered to the Division my wallet certificate and wall license.

3
4 John Howard Jensen M.D.
John Howard Jensen, M.D.

11/08/2005
Date

5
6 John S. Choate
Attorney or Witness

11/8/2005
Date

7
8 Joan M. Jerzak

Judge of the Superior Court, State of Calif.
11-18-05

9 Joan M. Jerzak
Chief of Enforcement
Division of Medical Quality

Date